

THE CHILDREN'S MERCY HOSPITAL AND CLINICS
2401 Gillham Road, Kansas City, Missouri 64108
(816) 234-3234 www.childrensmercy.org

APPLICATION FOR PEDIATRIC PATHOLOGY FELLOWSHIP

PLEASE (✓) APPOINTMENT DESIRED

Clinical Fellow _____ Research Fellow _____ Other _____

Full Name _____ M.D. _____ M.B.B.S. _____ D.D.S. _____
D.O. _____ M.B.B.Ch. _____ D.M.D. _____

Present Address _____

City _____ State _____ Zip _____ - _____

Country _____ Telephone (_____) _____

Pager# (_____) _____ E-Mail _____

Place of Birth _____ DOB ____/____/____

Citizenship _____ SSN # _____ - _____ - _____

U.S. Unrestricted Medical License (attach copy) Graduate Medical Training License (attach copy)

State _____ No. _____ State _____ No. _____

State _____ No. _____ State _____ No. _____

U.S. Licensing Exams passed (attach copy of scores for each exam)

USMLE 1 _____ USMLE 2 _____ USMLE 3 _____

INTERNATIONAL MEDICAL GRADUATES (attach copies of each document)

ECFMG Certificate No. _____ Visa Type _____ Visa Expiration _____

MEDICAL EDUCATION

Institution Attended Attendance Dates Degree

HOSPITAL TRAINING ****do not list rotations in medical school****

Hospital Location Training Dates Degree

POSTGRADUATE EDUCATION ***organized courses only***

SPECIAL TRAINING ***not already listed, e.g. assistantships, practice, etc***

BOARD CERTIFICATION

<i>Year</i>	<i>Specialty</i>	<i>Name of Board</i>	<i>Country of Issuing Board</i>
-------------	------------------	----------------------	---------------------------------

ADDITIONAL INFORMATION ***such as publications, summer work, extra curricular activities***

REFERENCES: Communications concerning professional ability and personal qualifications must be sent under separate cover directly Vivekanand Singh, MD, The Department of Pathology and Laboratory Medicine at The Children's Mercy Hospital and Clinics from at least three physicians, preferably under whom you have served or trained. **Letters of recommendation must be requested by the applicant.** List references below.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Please print type your name on the signature line. This will serve as your electronic signature on this document.

Return to: Vivekanand Singh, MD, Department of Pathology and Laboratory Medicine, The Children's Mercy Hospital and Clinics, 2401 Gillham Road, Kansas City, Missouri 64108